2015 Fulbright Graduate Scholarship & Humphrey Fellowship Program

To be comp	leted by the	applicant:		
NAME	7	First) (C. 1.11	THE WORLD CO.
	Last	First	Middle	Title (Mr., Miss, Mrs., Prof., Dr.)
Mobile Num	ber			
CPR Number	er			
Birth date: _			Cou	ıntry of citizenship:
	Month/Day/	Year		
Place of birt	h:			
Instructions	: Check the bo	ox that corresponds to	the programs you wi	ish to be considered for. You may choose one
		-		p program. If you choose both programs, the
selection con	nmittee will co	onsider you for both if	you are eligible but	you will only be selected for one of the
programs.				
☐ I wish to	apply for the	e Fulbright Graduat	e Scholarship	
Maj	jor field of St	udy you want to pur	sue	
Spe	cialization			
☐ I wish to	apply for the	e Humphrey Fellows	hip Program (pleas	e TICK ONLY ONE Humphrey program):
	Agricultural	and rural developm	ents	
	Communica	tions/journalism		
	Substance al	ouse education, prev	rention, and treatme	ent
	Economic de	evelopment/Finance	e and banking	
	Education ac	lministration, plann	ing and policy	
	Higher educ	ation administration	ı	
	HIV/AIDS p	olicy and preventio	n	
	Human reso	urce management		
	Law and hur	nan rights		
	Natural reso	urces, environmenta	al policy, and clima	te change
	Public health	n policy and manage	ement	
	Public policy	y analysis and publi	c administration	
	Teaching of	English as a foreign	n language	
	Technology	policy and manager	nent	
	Trafficking i	in persons, policy ar	nd prevention	
	Urban and re	egional planning		

FULBRIGHT/HUMPHREY CHECKLIST

Applicant's Name	:
Your application and by not later than Sund	nd all attachments must be completed and emailed to ManamaExchange@state.gov day, August 31st, 2014. Attachments to include:
1	High School Degree: Transcript of Grade 12 in original language
	Bachelor's Degree: Undergraduate transcript in original language
	Undergraduate diplomat/certificate in original language
	Undergraduate transcript in English
	Undergraduate diplomat/certificate in English
1	Master's degree (IF AVAILABLE): Graduate transcript (if applicable) in original language
	Graduate diplomat/certificate (if applicable) in original language
	Graduate transcript (if applicable) in English
	Graduate diplomat/certificate (if applicable) in English
	Attached a Passport size photo on page 5
	Passport
	Smart card
	CV
	TOEFL or IELTS score (valid or expired) only if available





Fulbright/ Humphrey Application Summary Sheet

To be completed by the applicant: NAME __ First Middle Title (Mr., Miss, Mrs., Prof., Dr.) **PERSONAL DATA:** Sex: Male Female Birthdate: Month/Day/Year Country of permanent legal residence: Country of citizenship: **Do you also hold U.S. citizenship?** Yes No **Do you also have U.S. permanent residency (a green card)?** Yes No **Current Address: Current Occupation: Employer/Affiliation:** EDUCATIONAL DATA (begin with most recently attended and any in which currently enrolled): Field of Study Institution/Country Dates Degree/diploma Date received/expected Most significant awards/honors/publications/other accomplishments: Previous Fulbright grants or U.S. government exchange program (year, country, category): Proposed field of study, description of specific area of interest and future plans upon return to home country (do not attach additional sheet): To be completed by Fulbright Foreign Scholarship Board Member: ☐ Approve ☐ Disapprove ☐ Abstain Comments: Name (print): Signature: Date:

FULBRIGHT/ HUMPHREY PROGRAM APPLICATION COVER SHEET This form must be included with your completed application.

YOUR NAME_ (as it appears on your passp Mrs., Prof., Dr.)	ort) Last	:	First		Middle	Title (Mr., Miss,
HOME COUNTRY CONT	ACT INFORM	ATION				
Permanent mailing address in	n your home cou	ntry:		Mobile	telephone:	
				Home to	elephone:	
				Office t	elephone:	
				Fax nur	nber:	
				E-mail	address:	
HOW DID YOU FIND OU	T ABOUT THE	E PROGRAM	I? Please c	heck all t	hat apply.	
☐ At your local AMIDEAS	T office (Please	specify how—	through a	display, a	dvising sessio	on, etc.):
☐ From a former Fulbright	grantee Fro	m a friend [From a	relative	From a	teacher or professor
From an advertisement (I	Please specify the	e location of th	he ad):			
Other (Please specify how	w):					
PERSONAL INFORMATI	ION					
Marital status: ☐ Single ☐	☐ Engaged ☐ M	Sarried S	Spouse's fu	ll name:_		
Spouse's citizenship:				Numbe	r of children:	
Number of dependents to acc						
EMERGENCY CONTACT						
Please provide the names and			duals who	should be	notified in ca	ase of an emergency.
In the United States:						
	ame	Relati	ionship to yo	пи	Street A	ddress
City St	tate	ZIP Code	Telepho	ne Number	r	E-mail address
In your home country:						
N	ame	Relati	ionship to yo	nu	Street A	ddress
City St	tate and/or Country	y	Teleph	one Numb	er	E-mail address
Does the contact in your hon If the contact does <i>not</i> speak	• 1	-	Yes	No Jer than A	rabic that he	/she speaks:

FULBRIGHT/ HUMPHREY PROGRAM APPLICATION FOR STUDY IN THE UNITED STATES

The Fulbright Program is sponsored by the United States Department of State Bureau of Educational and Cultural Affairs (ECA)
AMIDEAST administers the Fulbright Foreign Student Program for ECA

YOUR NAME				
(as it appears on your passport) Mrs., Prof., Dr.)	Last	First	Middle	Title (Mr., Miss,
Please indicate any other spelling(s)	or name(s) you use:			
U.S. CONTACT INFORMATION	N			
Fulbright Foreign Student Program AMIDEAST 1730 M Street NW, Suite 1100 Washington, DC 20036-4505 Tel: (202) 776-9600 Fax: (202) 776-7000			(Affix _I	photo here)
FIELD OF STUDY				
Major Field of Study:				
Area of Specialization: Degree Objective: Master's				
PERSONAL DATA				
Sex: Male Female	Date of Birth:	Place: onth/Day/Year	City	Country
Country of permanent legal residence	ee:	Country of ci	tizenship:_	
Current academic/professional status	s (student status or job t	title):		
REFERENCES				
Please identify the three (3) individu	uals who will be writing	letters of recommendation	n on your b	ehalf.
1. Name:	_		-	
Mailing address:				
Telephone number:		E-mail addre	ss:	
2. Name:		Title	e:	
Mailing address:				
Telephone number:				
3. Name:		Title:		
Mailing Address:				
Telephone number:		E-mail addre	ss.	

Name:		

PREVIOUS ACADEMIC HONORS

Please indicate any fellowships, scholarships, academic awards, or honors that you have received. If you have
produced any publications, please also list them here.

EDUCATIONAL BACKGROUND

Please provide complete information about all the educational institutions that you have attended and, if applicable, information about the institution(s) at which you are presently enrolled.

Institution Name (No abbreviations)	Institution Location (City, Country)		attended – MM/YY	Major Field of Study	Degree Received and Date Received*	Grade Point Average (out of 100% or GPA 4.00)**
Intermediate School:		From:	To:			
High School/Thanaweya:		From:	To:			
University "bachelor degree"		From:	To:			
University "Master degree" If Available		From:	To:			

me:						
provide the name of the U indicate the date (month a ** Please indicate your Grant Studied. Do <i>not</i> convert your Grant Studied.	of your degree by the wor .S. educational system's educational system's educational system's educate of your Average (GPA) our GPA to the U.S. educate your education:	quivaleneive it. accordine accordine	ng to the	system u	yet recei	e institution at which you
	-		No		Yes	If yes, please explain why:
LANGUAGE PROFICI	ENCY					
Native language(s):						
Number of years of Englis	sh study:		_ Where	studied:_		
	guages, including English (
Language Name	Reading Ability		W	riting Ab	ility	Speaking Ability
ish						

STANDARDIZED TEST SCORES

Please indicate your TOEFL, GRE, and/or GMAT scores. For the GRE General Test, please specify your Verbal (V), Quantitative (Q), and Analytical (A) scores. $\underline{\textbf{ONLY IF AVAILABLE}}$

Test Name	Date taken or to be taken		Scor	e
GRE		(V)	(Q)	(A)
GRE SUBJECT				
TOEFL				
GMAT				
OTHER				

Name of Employer and Employer's Mailing Address	Your Job Title and Responsibilities		Employme Y – MM/Y
Employer's Maining Address		From:	To:
		From:	To:
		From:	To:
ocation/Institution and Contact	Type of Activity	Dates of MM/YY	Participat
ocation/Institution and Contact	Type of Activity	MM/YY	<u> </u>
ocation/Institution and Contact	Type of Activity	MM/YY	<u> </u>
ocation/Institution and Contact	Type of Activity	MM/YY From:	Y – MM/Y) To
ocation/Institution and Contact	Type of Activity	From:	Tc

Name:

Name:		

ESSAYS: Future Plans and Statement of Purpose

If you are completing a computer application, please insert your essay responses below the appropriate essay question. If you are completing a paper application, please type your essay responses on separate sheets of paper and attach them to your completed application.

Future Plans

Please describe the career you plan to pursue after completion of study or research in the United States. Indicate if you will return to your former job, or if you have been selected to fill new position in your home country upon completion of your academic program in the United States. Please explain any plans you may have for continued research in your home country. (Maximum 1 page)

Statement of Purpose

Please write a clear and detailed description of your academic objectives and the reasons why you wish to pursue them. Discuss your goals both in terms of your field of study in general and within your specific area of specialization. Describe the type of program you wish to pursue and how it relates to your academic and professional background and your objectives for the future. Please keep in mind that the essay will be an essential part of your application for placement into an appropriate program. In your essay do not name specific universities at which you would like to study. (Maximum 1 page)

GRANT SUSPENSION/TERMINATION/REVOCATION

A grant may be revoked, terminated, or suspended.

Grounds for revocation or termination include, but are not limited to: (1) violation of any law of the United States or the host country; (2) any act likely to give offense to the host country; (3) failure to observe satisfactory academic or professional standards; (4) physical or mental incapacitation; (5) engaging in any unauthorized income-producing activity; (6) failure to comply with the grant's terms and conditions; (7) material misrepresentation made by any grantee in the application form or grant document.

A grant may be suspended if: (1) the grantee ceases to carry out the project or academic program during the grant period; (2) the grantee leaves the host country without authorization of the Commission/post or supervising agency; (3) conditions in the host country require the departure of the grantee for reasons of personal safety or security.

SIGNATURE

By my signature, I certify that, to the best of my knowledge, the information provided in my application is accurate and complete, and that I intend to return to my home country upon completion of my studies in the United States. I have asked AMIDEAST to arrange for my placement at an American university and request that all correspondence be directed to AMIDEAST at the address on the first page of this application. I also authorize any school or university which I have attended or will attend to release my transcripts and any report to AMIDEAST.

Signature:	Dat	te:
-		·

YOU NEED TO SUBMIT THREE RECOMMENDATION LETTERS

(combination of employer and academic professor is preferred)

This letter of reference must be written by a teacher under whom the applicant has studied or pursued research in the proposed field of study or by someone who has supervised the applicant in work related to the proposed field of study.

To the Applicant: Please complete Part I of this form before delivering it to your recommender. **PART I:** Name of Applicant: Home Country: _____ Field of Study: ____ To the Recommender: Please complete Parts II and III of this form. **PART II:** Name and Title of Recommender: _____ Contact information (include e-mail if available): How do you know the applicant? How long have you known the applicant? _____ Months _____ Years How do you rank the applicant among others in his/her field? Top 5% Top 10% Top 25% Other % Using the chart below, please rate the applicant in comparison with others you have known in the same field. Unable to Judge **Outstanding** Excellent Good Fair Poor **Academic Performance** Intellectual Ability Motivation Potential to contribute to the field Resourcefulness & Initiative Leadership Qualities Ability in oral expression Ability in written expression Adaptibility to new situations

PART III:
Please provide a typed, candid evaluation of the applicant's past academic performance and ability to pursue and successfully complete a program of study in the proposed field. Please state any special qualities, characteristics, or achievements that distinguish the applicant. The universities in the U.S. that will review this student's application will pay considerable attention tyour statement. Therefore, please be as complete and detailed as possible in your evaluation. You may substitute a letter on a separate sheet of paper if necessary.
Signature: Date: